

Name
in
Full

Emma Matilda Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

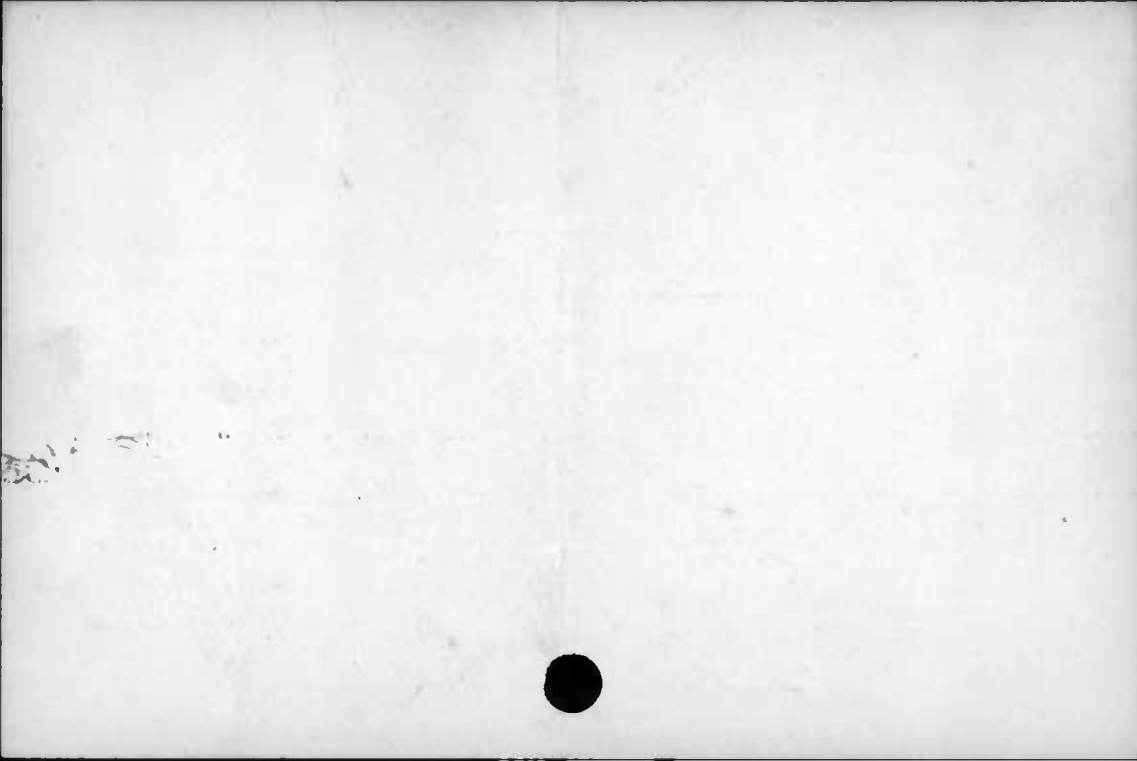
| | | | | | | | | | |
|-----------------------------------|--|------------------|--|---|--|------------|--|-------------|--|
| Died at | | Rehoboth | | Inniset | | County | | MARYLAND | |
| Date of death | | 1907 Oct | | 11 | | Age | | Years | |
| Sex | | Girl | | Color or Race | | White | | Birth place | |
| Occupation | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | | | |
| Father's Name | | Stephen R. Adams | | Father's Birthplace | | Inniset Co | | | |
| Mother's Maiden Name | | Rennie W. Howard | | Mother's Birthplace | | Inniset Co | | | |
| Name of person giving information | | Stephen R. Adams | | How related to deceased | | Father | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|--------|
| Primary | Cholera Infantum | How long | 1 Week |
| Immediate | Same as above | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | R. R. R. R. R. | |
| | | Address | |
| | | Pocomoke City, Md. | |
| Accident or Suicide? | | | |



| Name in Full | | Columbus Bailey | | | | CERTIFICATE OF DEATH | |
|---|--|--------------------------------------|---|-----------------|---|----------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} near Princess Anne | | ^{County} Somerset | | MARYLAND | | |
| | Date of death 1907 | Month 10 th | Day 18 th | Age 53 | Months | Days | |
| | Sex Male | Color or Race Colored | | Birth-place Md. | | | |
| | Occupation Laborers | | Where Residing if not at place of death | | | | |
| | Married, Single or Widowed Married | Name of Wife or Husband Nicey Bailey | | | | | |
| | Father's Name Isaac Bailey | Father's Birthplace Unknown | | | | | |
| | Mother's Maiden Name Margaret Covington | Mother's Birthplace Md. | | | | | |
| | Name of person giving information Nicey Bailey | | How related to deceased Wife | | | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Pulmonary Tuberculosis | | How long about 3 years | | |
| | Immediate | | Exhaustion | | How long 2 weeks | | |
| | Are the name, age, sex, color, date and place correctly given above? | | To best of my knowledge. | | Signature of Physician W. Henry Fisher M.D. | | |
| | | | | | Address Princess Anne Md. | | |
| | Accident or Suicide? No. | | Referred unattended by Physician. | | | | |

13



Name
in
Full

L Eva E Cooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

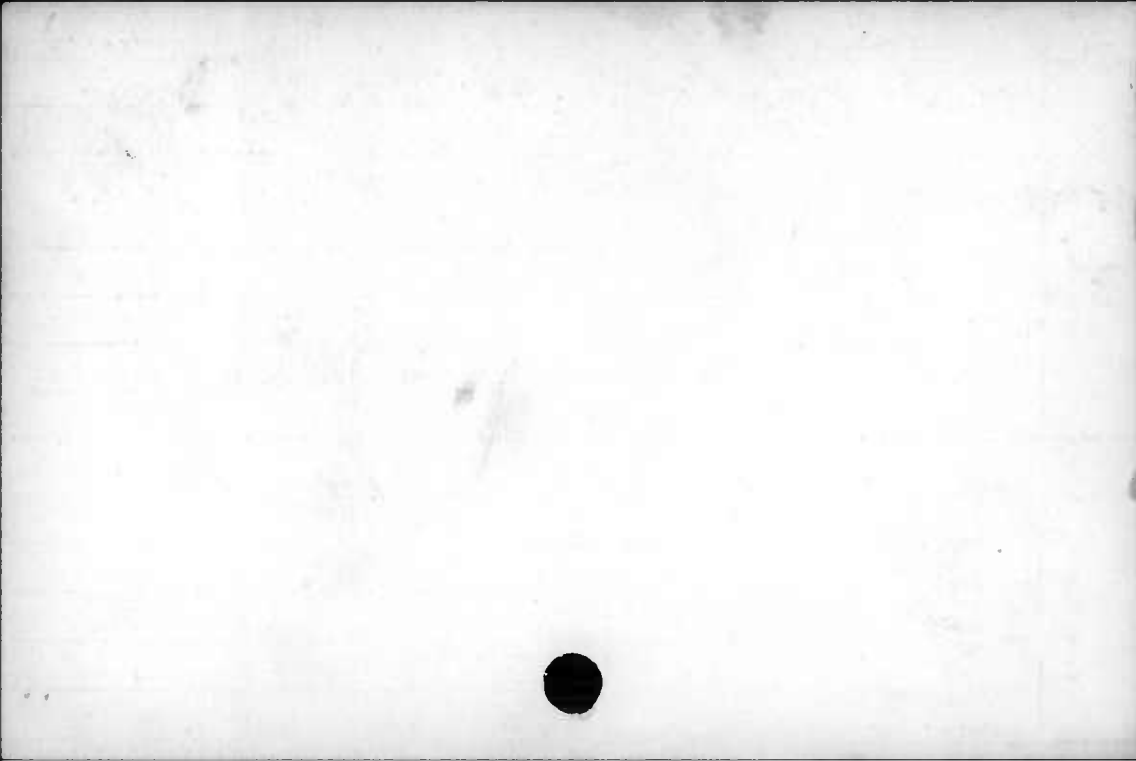
| | | | | | |
|--|--|--|---|-------------------------------|--------------------------------|
| Died at Crisfield <small>Town</small> | | Somerset <small>County</small> | | MARYLAND | |
| Date of death 1907 <small>Year</small> | | Oct <small>Month</small> | 5 <small>Day</small> | 3 <small>Years</small> | 3 <small>Months</small> |
| Sex Female | | Color or Race White | | Birth-place Crisfield, | |
| Occupation None | | | Where Residing if not at place of death | | |
| Married, Single or Widowed — | | Name of Wife or Husband — | | | |
| Father's Name Edw Cooke | | Father's Birthplace Crisfield Md | | | |
| Mother's Maiden Name Laura Evans | | Mother's Birthplace Smiths Del Md | | | |
| Name of person giving information Edw Cooke | | How related to deceased Father | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | | |
|---|------------------|---|
| Primary | Dysentery | How long |
| Immediate | Dysentery | How long |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician W H Boulbourn |
| | | Address " Crisfield |
| Accident or Suicide? — | | Ed |



Name
in
Full

Charles F Green

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Marion

Somerset

Date

of death

1907

Month

Oct

Day

11

Years

67

Age

Months

Don't know

Days

Don't know

Sex

Male

Color or
Race

Black

Birth-
place

Somerset

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Suey Green

Father's
Name

George Green

Father's
Birthplace

Don't know

Mother's
Maiden Name

Sarah Green

Mother's
Birthplace

Don't know

Name of person giving
In formation

Geo W. Tilghman

How related
to deceased

Son-in-law

CAUSES OF DEATH

120

Primary

Nephritis

How long

2 yrs

Immediate

Weakness + Heart failure

How long

Gradual for 3 or 4 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr J A B Allen

Address

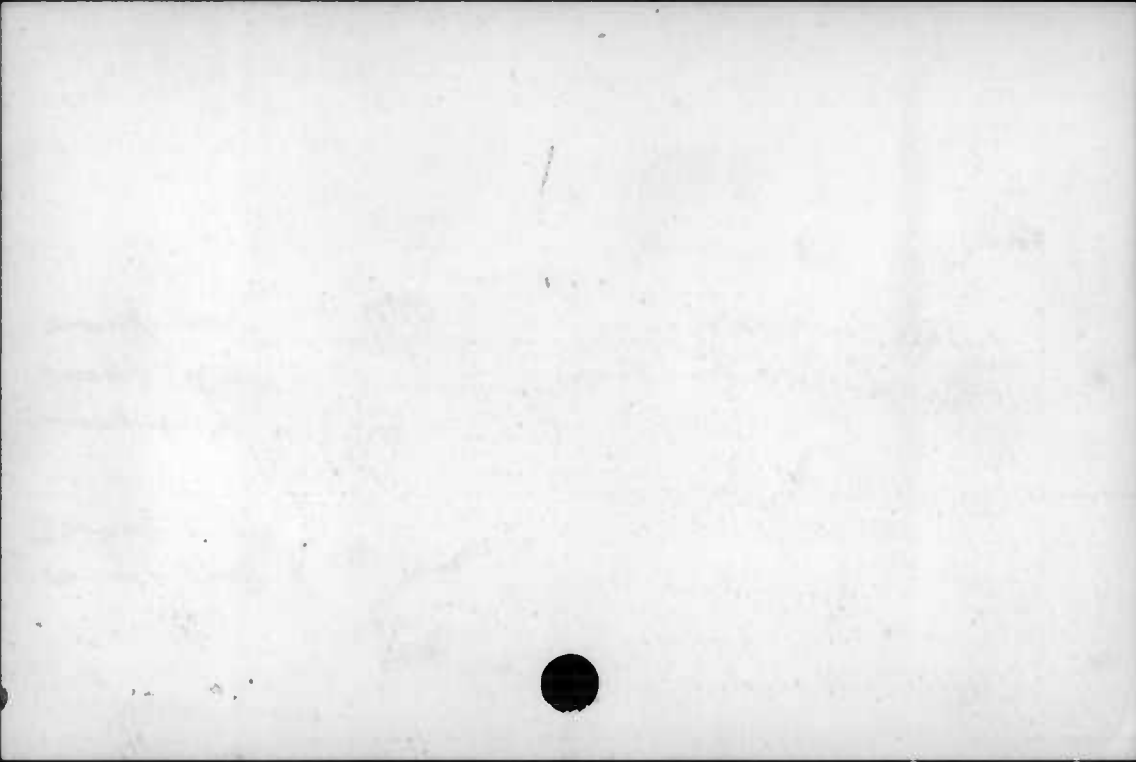
Marion

Accident or Suicide?

Marion

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

LIBRARY BUREAU A6616



Name
in
Full

George Grinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

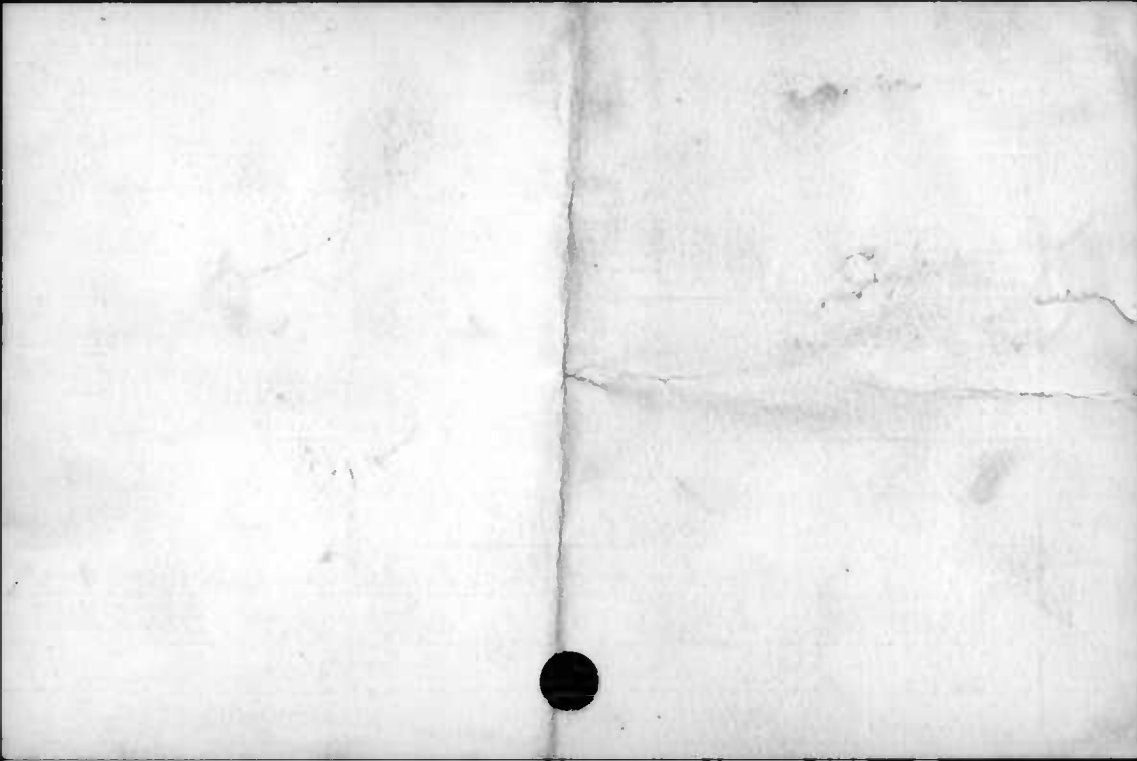
| | | | | | | | |
|--|------------------------------|--|---|------------------------|--------|----------|--|
| Died at <i>Cottage Grove</i> | | Town <i>Somerset</i> | | County <i>Somerset</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>10th</i> | Day <i>17th</i> | Age <i>75</i> | Years | Months | Days | |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Unknown</i> | | | | |
| Occupation <i>Farmer</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Elizabeth Grinn</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Caleb Cottman</i> | | How related to deceased <i>Step. son</i> | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------|--|----------------|
| Primary | <i>Chronic Nephritis</i> | How long | <i>4 years</i> |
| Immediate | <i>Uraemia</i> | How long | <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>To best</i> | | Signature of Physician <i>W. Henry Fisher M.D.</i> | |
| <i>of my knowledge.</i> | | Address <i>Princess Anne</i> | |
| Accident or Suicide? <i>no.</i> | | <i>ind</i> | |



Name
in
Full

Miss Lizzie Hall -

CERTIFICATE OF DEATH

Died at ^{Town} Upper Fairmount ^{County} Somerset

MARYLAND

Date of death 1907 Oct

Day 10th Age 93

Months

Days

Sex Female

Color or Race White

Birth-place Somerset Co

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband None

Father's Name don't know

Father's Birthplace don't know

Mother's Maiden Name indent know

Mother's Birthplace don't know

Name of person giving information Mrs Henry E. Brown

How related to deceased don't know

CAUSES OF DEATH

1574

Primary Senile Debility

Immediate Senile Debility

Are the name, age, sex, color, date and place correctly given above?

yes

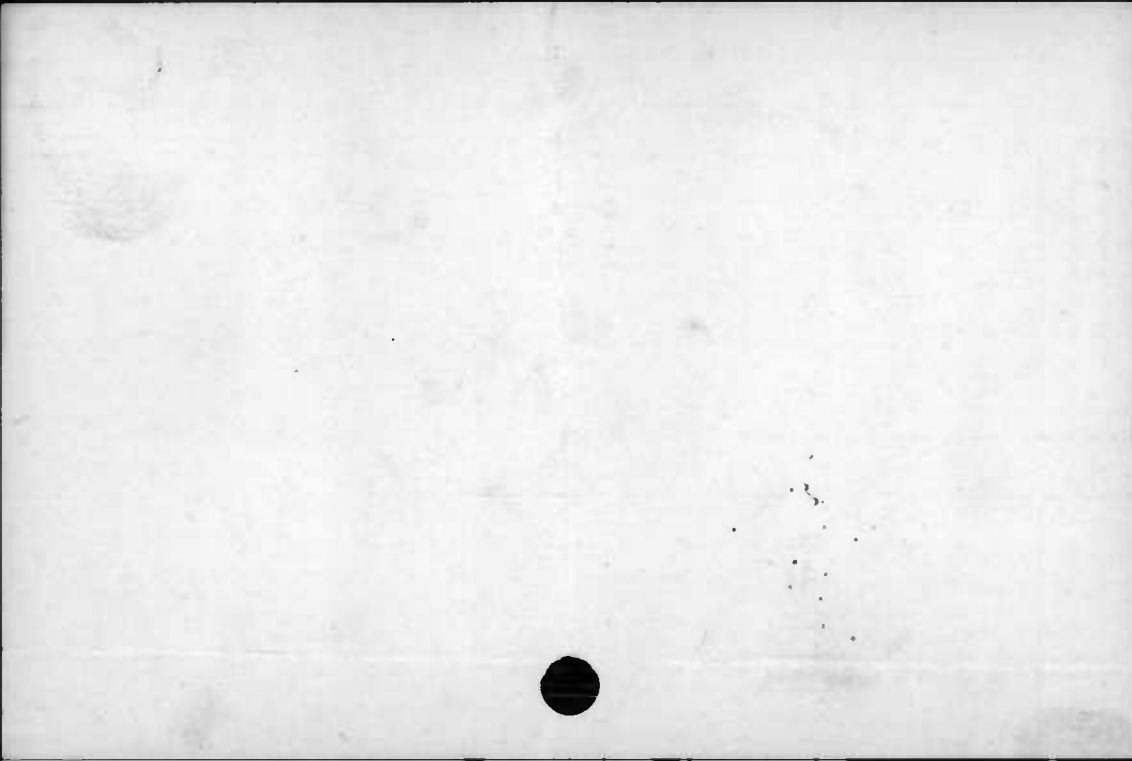
Signature of Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

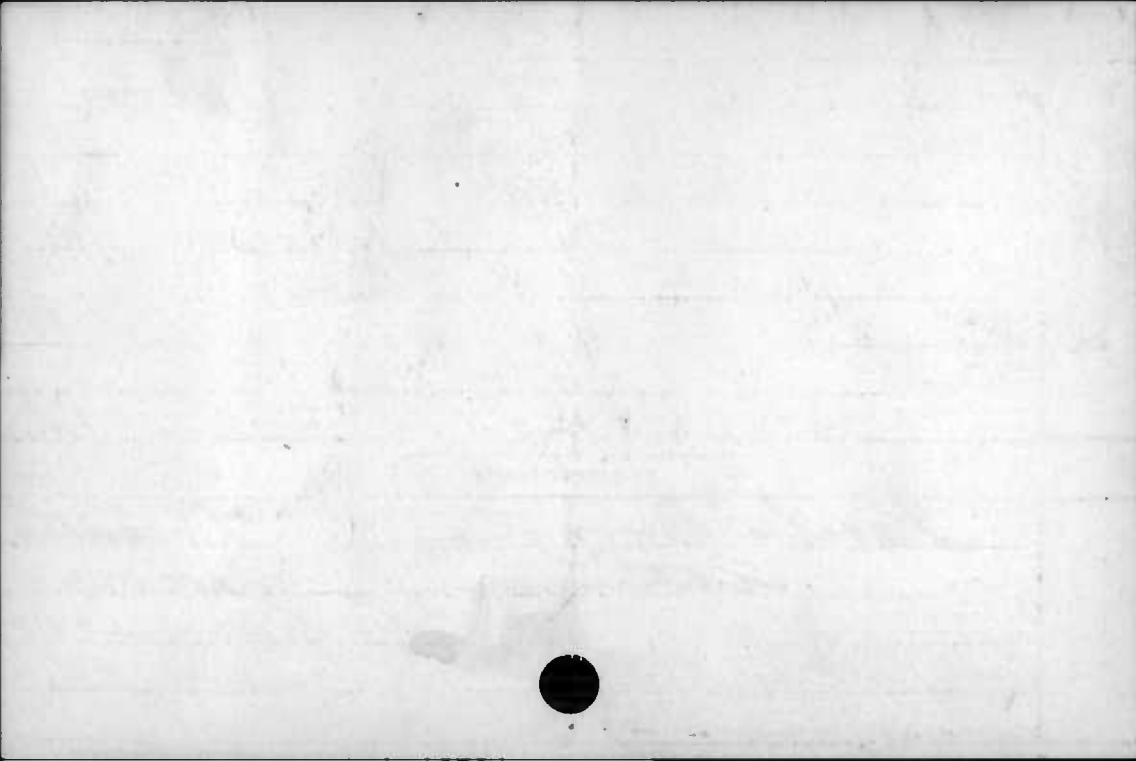
| | | | | | | | |
|-----------------------------------|--|---|-------|-------------|-----|----------|--------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | 190 | Month | Day | Age | Years | Months |
| Sex | | Color or Race | | Birth-place | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| | Address |
| Accident or Suicide? | |



Name
in
Full

Thomas F Harner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

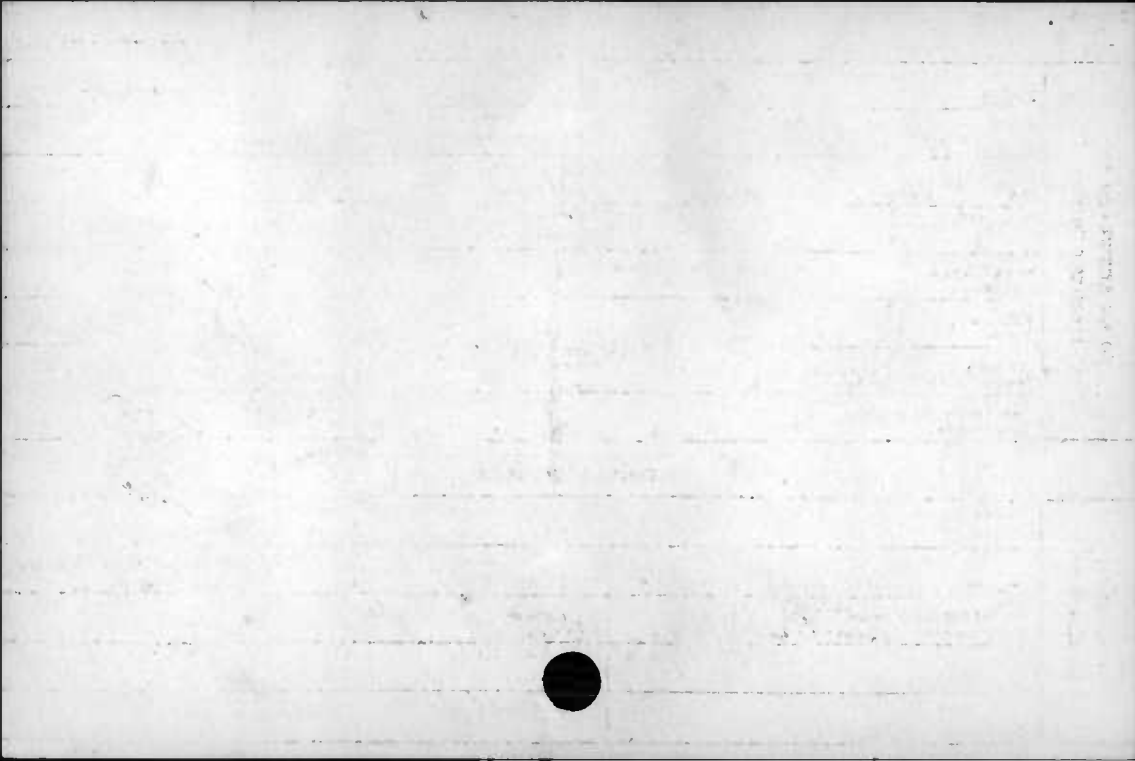
| | | | | | |
|---|--|--|--|--------------------------------|------|
| Died at <i>Deal Island</i> Town | | <i>Somerset</i> County | | MARYLAND | |
| Date of death <i>1907</i> Month <i>10</i> Day <i>13</i> | | Age <i>59</i> Years | | Months | Days |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Deal Island</i> | |
| Occupation <i>Sailor</i> | | Where Residing if not at place of death <i>" "</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Melissa Harner</i> | | | |
| Father's Name <i>Benjamin Harner</i> | | Father's Birthplace <i>Deal Island</i> | | | |
| Mother's Maiden Name <i>Sarah E Webster</i> | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving information <i>Melissa Harner</i> | | How related to deceased <i>Wife</i> | | | |

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Paretic Dementia</i> | How long <i>4 months</i> |
| Immediate <i>Atthemia</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. Alexander</i> |
| <i>Filed by undertaker</i> | Address <i>Samuel Co</i> |
| Accident or Suicide? <i>_____</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|------------------------------------|-----------------------|---------------|
| Died at <i>New Berns</i> | | County <i>Somerset</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1907</i> | Month <i>10</i> | Day <i>16</i> | Age <i>60</i> | Months <i>✓</i> | Days <i>✓</i> |
| Sex <i>Male</i> | Color or Race <i>Black</i> | | Birth-place | | |
| Occupation <i>Laborer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>Mr. Kuman</i> | | | | |
| Father's Name <i>Mr. Kuman</i> | Father's Birthplace <i>Mr. Kuman</i> | | Mother's Birthplace <i>"</i> | | |
| Mother's Maiden Name <i>"</i> | Name of person giving information <i>Wm. Jones</i> | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>2 weeks</i> |
| Immediate <i>Aschima</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>P. J. Smith (Not in attendance)</i> |
| | Address <i>Pancras Ave. and</i> |
| Accident or Suicide? | |



Name
in
Full

Carrie Landing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Pocomoke ^{County} Somerset

MARYLAND

Date of death 1907 ^{Month} Oct. ^{Day} 8 ^{Years} Age 30 ^{Months} ^{Days}Sex Female ^{Color or Race} Negro ^{Birth-place} DelawareOccupation Housewife ^{Where Residing if not at place of death} at place of deathMarried, ~~Single~~ ^{Name of Wife or Husband} Robert LandingFather's Name Jeremiah Covedell ^{Father's Birthplace} DelawareMother's Maiden Name ~~Carrie Covedell~~ ^{Mother's Birthplace} DelawareName of person giving Information Robert Landing ^{How related to deceased} Husband

CAUSES OF DEATH

9

Primary ^{How long} Diphtheria Five daysImmediate ^{How long} Heart failure one day

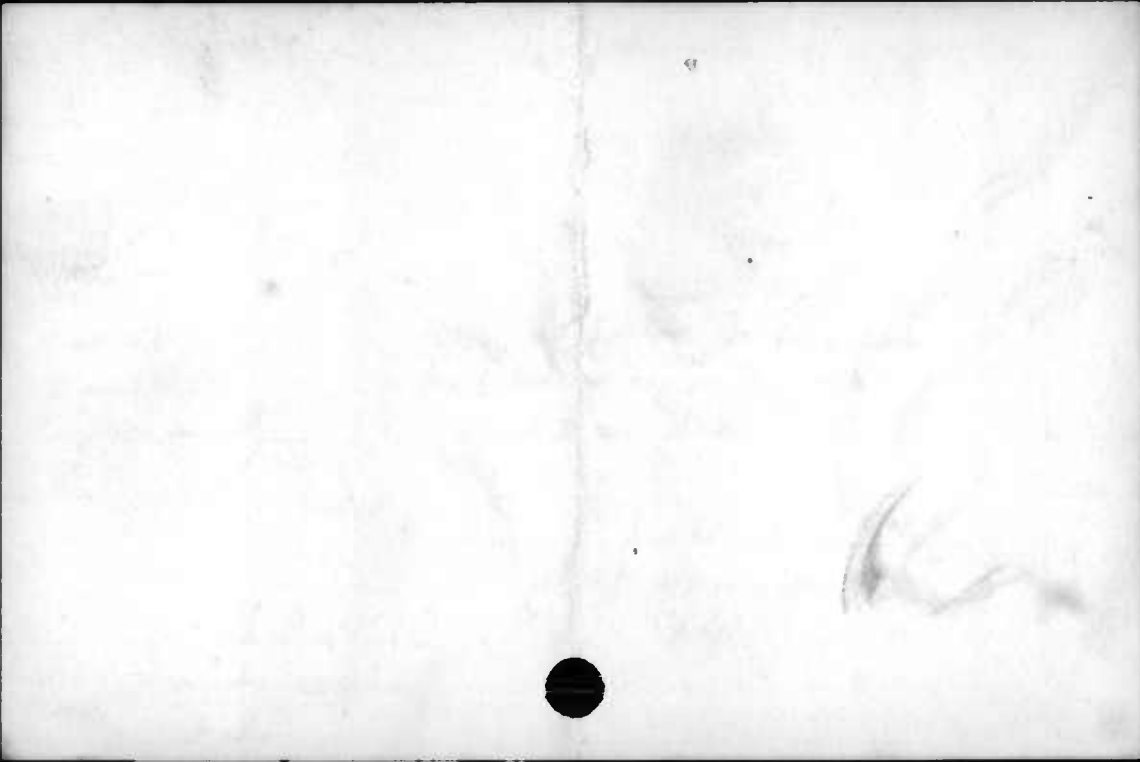
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. J. Costen
Pocomoke Md

Accident or Suicide?



Name
in
Full

Benjamin Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------------|---------------|-------------|---|------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | Oct | do not know | 29 | | | |
| Sex | Male | Color or Race | White | Birth-place | Westover | | |
| Occupation | Farmer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | | Name of Wife or Husband | | | |
| Father's Name | James Lankford | | | Father's Birthplace | Westover | | |
| Mother's Maiden Name | Mary Lizzie Lankford | | | Mother's Birthplace | Westover | | |
| Name of person giving information | Sarah Henderson | | | How related to deceased | 2nd cousin | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | | |
|--|-----------------|------------------------|
| Primary | Found dead | How long |
| Immediate | Unknown to jury | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| yes | | B. W. Gill |
| | | Address |
| | | Noanokin |
| Accident or Suicide? | | Med |
| Doubtful | | |

G. W. Landrum
Landonville
Md.



Name
in
Full

Sidney Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

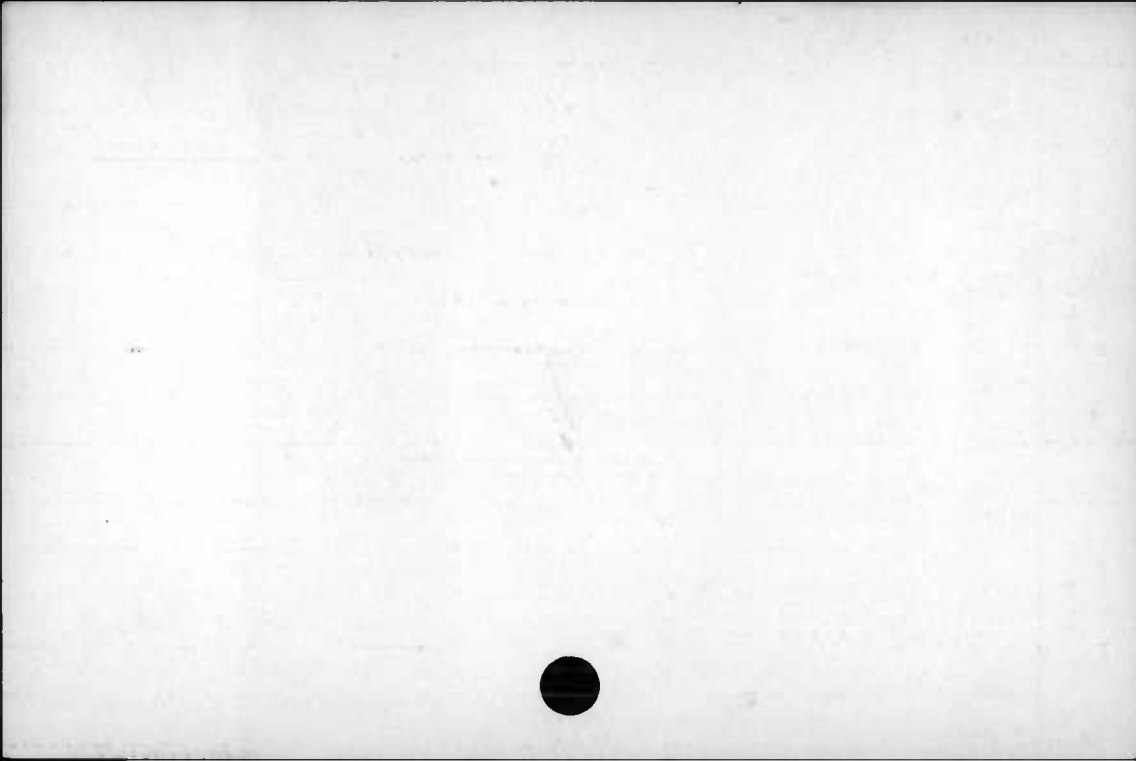
| | | | | | |
|--|-------------------------------------|---------------------------------------|---|----------|----------------|
| Died at <i>Crisfield</i> <small>Town</small> | | <i>Somerset</i> <small>County</small> | | MARYLAND | |
| Date <i>10/1</i> of death 190 <i>7</i> | Month <i>10</i> | Day <i>1</i> | Age <i>64</i> Years | Months | Days <i>10</i> |
| Sex <i>Male</i> | Color or Race <i>American white</i> | Birth-place <i>Bacoma City -</i> | | | |
| Married Single or Widowed <i>Single</i> | | Occupation <i>Carpenter</i> | | | |
| Name of Wife or Husband <i>" "</i> | | | | | |
| Father's Name <i>Don't know</i> | | | Father's Birthplace <i>Don't know</i> | | |
| Mother's Maiden Name <i>" "</i> | | | Mother's Birthplace <i>" "</i> | | |
| Name of person giving information <i>Nephew</i> | | | How related to deceased <i>Sister child</i> | | |

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Nephritis</i> | How long <i>2 months</i> |
| Immediate <i>Uremic Poison</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. O. Ward</i> |
| | Address <i>Crisfield</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

Thomas Jefferson Pollitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

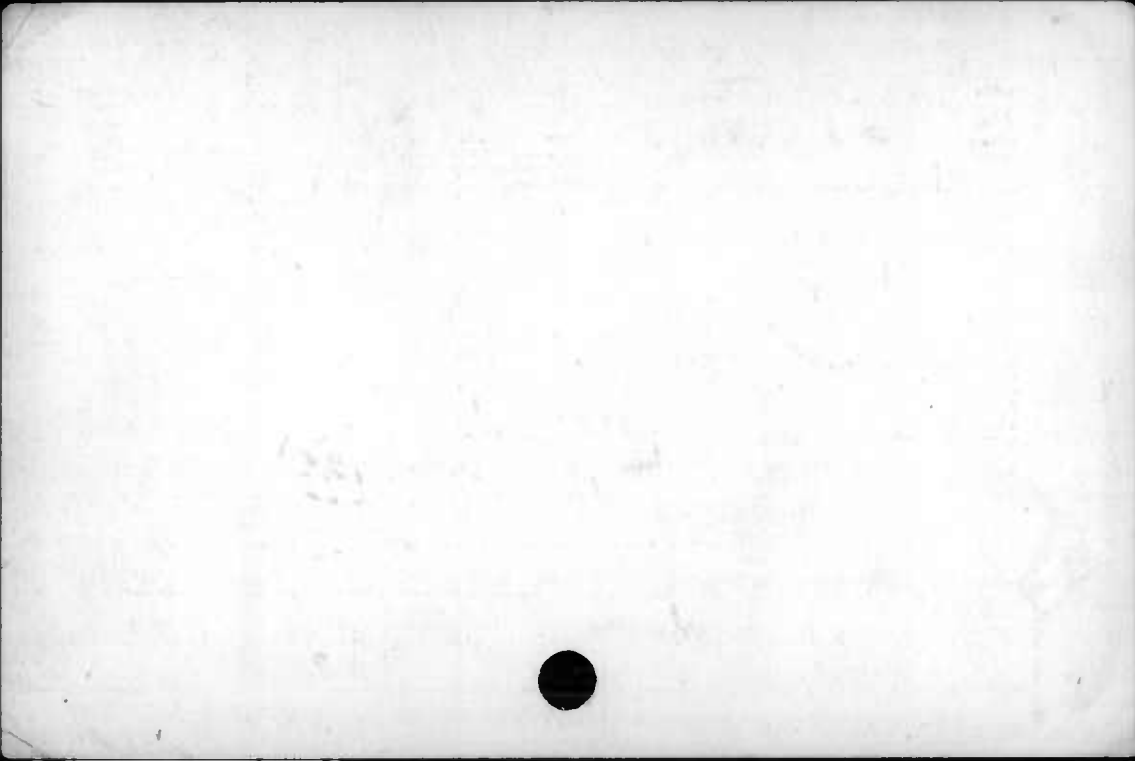
| | | | | | | | |
|-----------------------------------|-------------------------|---------------------------|---------------|--|-------------------------|---------------|------------|
| Died at <i>Princess Anne</i> | | Town <i>Princess Anne</i> | | County <i>Saunder</i> | | MARYLAND | |
| Date of death | 1907 | Month | Oct | Day | 28 | Age | 20 |
| Sex | <i>male</i> | | Color or Race | <i>Black</i> | | Birth-place | <i>md.</i> |
| Occupation | <i>Laborer</i> | | | Where Residing or not at place of death <i>—</i> | | | |
| Married, Single or Widowed | <i>single</i> | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name | <i>Edward Pollitt</i> | | | | Father's Birthplace | <i>md.</i> | |
| Mother's Maiden Name | <i>Sallie Smith</i> | | | | Mother's Birthplace | <i>md.</i> | |
| Name of person giving information | <i>Hennetta Pollitt</i> | | | | How related to deceased | <i>sister</i> | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|---|------------------------|---------------------------|
| Primary | <i>Nephritis & Cardiac dilatation</i> | How long | <i>About 2 yrs.</i> |
| Immediate | <i>Asthma & General Anæmia</i> | How long | <i>6 mos.</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes.</i> | Signature of Physician | <i>W. H. Fisher, md.</i> |
| | | Address | <i>Princess Anne, md.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Sarah Samberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|---|----------------------|--|-------------------------|--------|-----------------|--|
| Died <input checked="" type="checkbox"/> near <u>Kingston</u> | | Town <u>Somerset</u> | | County <u>Worcester</u> | | State <u>MA</u> | |
| Date of death <u>1907</u> | Month <u>10</u> | Day <u>8</u> | Age <u>70</u> | Years | Months | Days | |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth place <u>Worcester Co.</u> | | | | |
| Occupation <u>House work</u> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Widowed</u> | Name of Wife or Husband <u>Wm. J. Samberson</u> | | | | | | |
| Father's Name <u>Wm. Ward</u> | | | Father's Birthplace <u>Worcester Co.</u> | | | | |
| Mother's Maiden Name <u>Elizabeth Blodgett</u> | | | Mother's Birthplace <u>Worcester Co.</u> | | | | |
| Name of person giving information <u>Jas. H. Ward</u> | | | How related to deceased <u>nephew</u> | | | | |

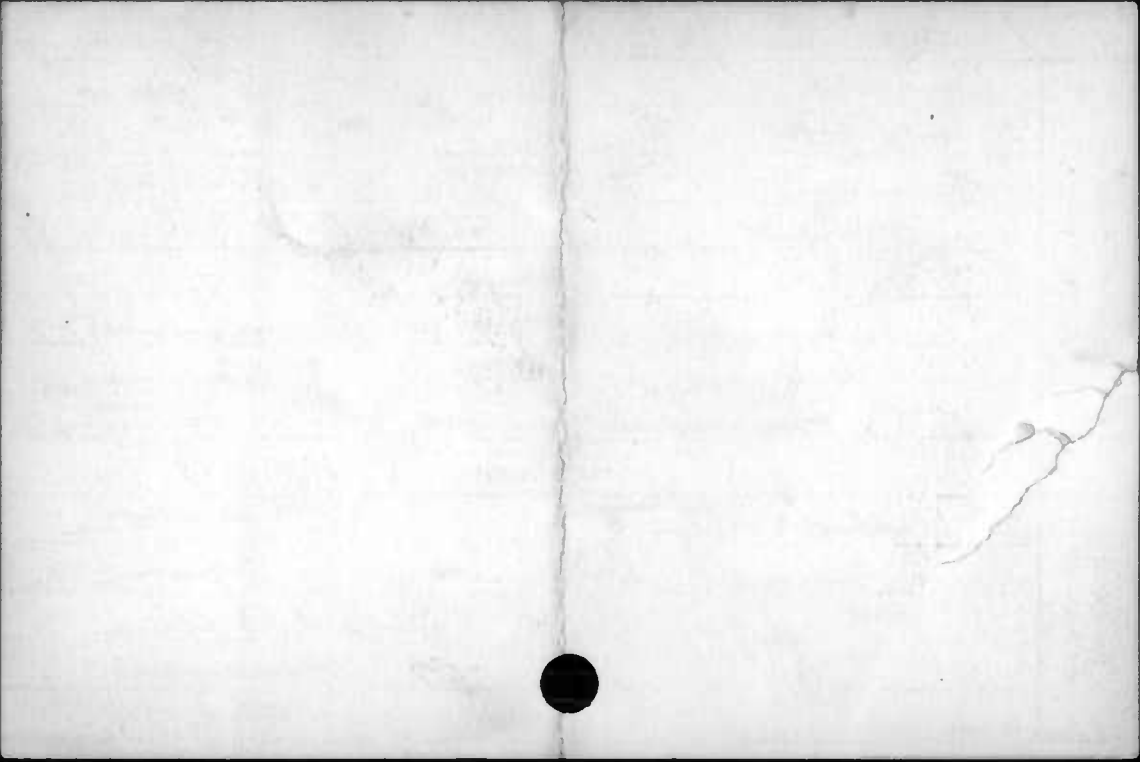
CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>General Debility</u> | How long <u>3 or 4 mos.</u> |
| Immediate <u>Exhaustion due to weakness</u> | How long <u>3 or 4 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Dr. J. Q. B. Allen,</u> |
| | Address <u>Marion,</u> |
| | <u>Ind.</u> |
| Accident or Suicide? | |

| Name in Full | | Certificate of Death | | | |
|--|--|---|------------|-------------------------|------------|
| Leila Maddox Smith | | Town Maanobin | | County Somerset | |
| Died at | | State MARYLAND | | | |
| Date of death | | Month 1907 | Day Oct | Age 5 | Years 1 |
| Sex female | | Color or Race Colored | | Birth-place Maanobin | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name Isaac Smith | | Father's Birthplace do not know | | | |
| Mother's Maiden Name Lamardo Maddox | | Mother's Birthplace Maanobin | | | |
| Name of person giving information | | How related to deceased | | | |
| | | CAUSES OF DEATH | | (14) | |
| Primary | | How long | | | |
| Immediate Dysentery | | How long 10 days | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician G. W. Gill | | | |
| | | Address Maanobin | | | |
| Accident or Suicide? | | Med. | | | |



Name
in
Full

Marie Swift-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harold ^{Town} Somerset ^{County} **MARYLAND**

Date of death 1907 ^{Month} Oct ^{Day} 4 ^{Years} 2 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Harold

Occupation child Where Residing if not at place of death

Married, Single or Widowed Child Name of Wife or Husband child

Father's Name Heamon Swift Father's Birthplace Somerset Co.

Mother's Maiden Name Georgia Riggins Mother's Birthplace Somerset Co.

Name of person giving information Herman Swift How related to deceased Father

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

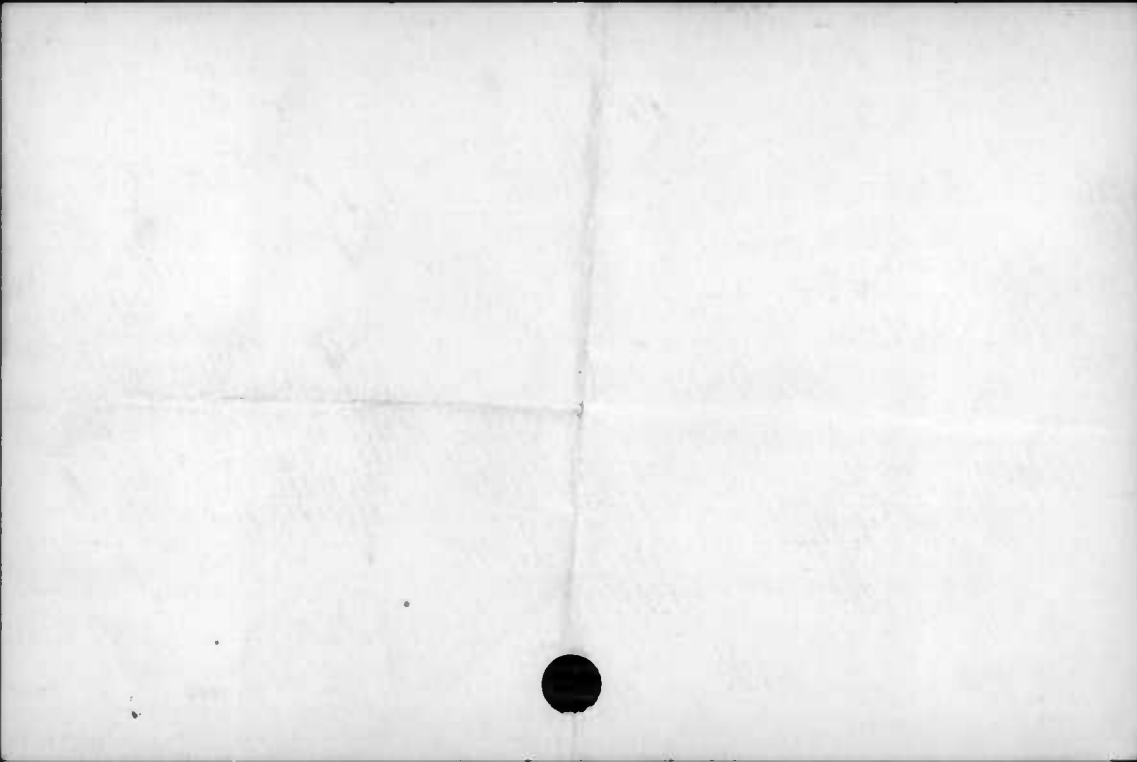
Primary Illis Colitis How long 2 weeks

Immediate General Weakness How long Progressive for weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. L. A. B. Allen

Address Marion
Ind

Accident or Suicide?



Name
in
Full

Mary Susan Parves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

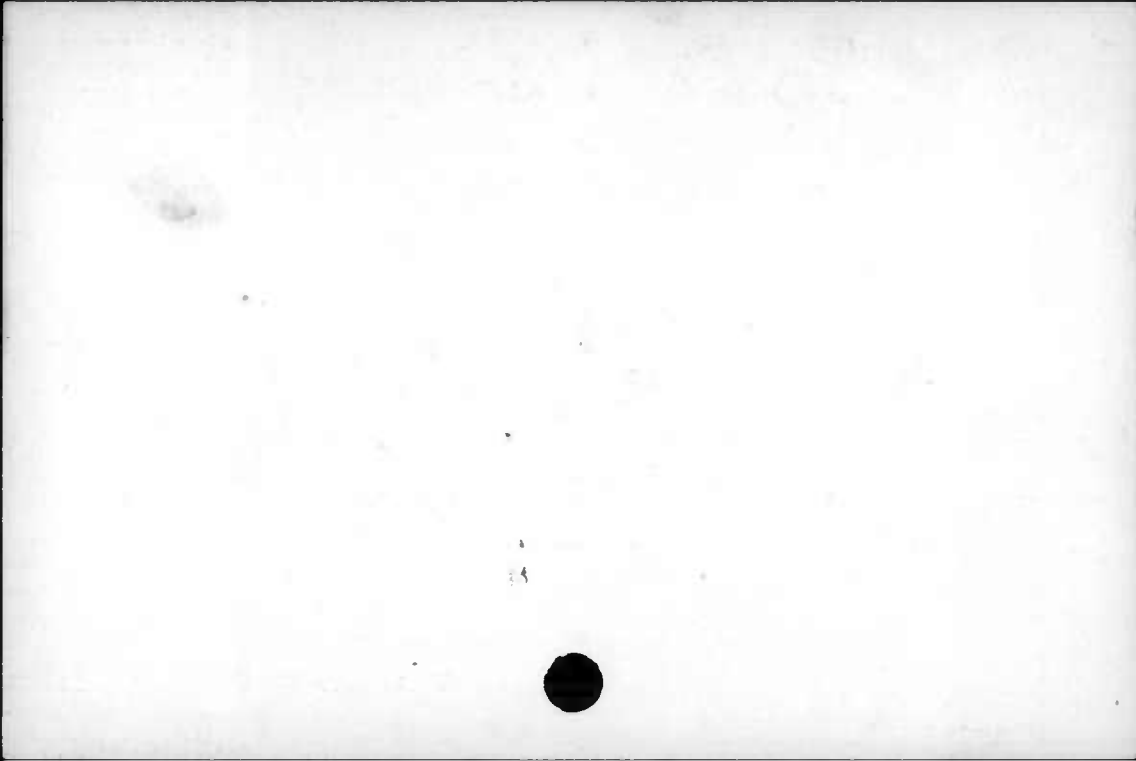
| | | | | | | | |
|-----------------------------------|------------------|-------------------|---|---|------------|-------------|-------------|
| Died at | | Town Crisfield | | County Somerset | | MARYLAND | |
| Date of death | | 1907 | Month Oct | Day 11 | Age 6-7 | Years | Months 7 |
| Sex | Female | | Color or Race | White | | Birth place | N.A. |
| Occupation | Housewife | | | Where Residing if not at place of death Crisfield Md | | | |
| Married, Single or Widowed | M. | | Name of Wife or Husband John P. Parves - | | | | |
| Father's Name | John White | | | Mother's Name Matthews Co. N.A. | | | |
| Mother's Maiden Name | Sparrow Bohannon | | | How long married to husband Matthews Co. N.A. | | | |
| Name of person giving information | John P. Parves | | | | | | |

CAUSES OF DEATH

(48)

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------|-------------------|---|--------------|
| Immediate Cause | Chronic Rheumatism - | | How long | about 10 yrs |
| Immediate Cause | Paralysis - Asthenia | | How long | 3 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician Wm. H. Coulbourn, | |
| Address | | Crisfield, Md. | | |
| Accident or Suicide? | | Natural | | |
| | | Somerset Co., Md. | | |



Name
in
Full

Geo Thos Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

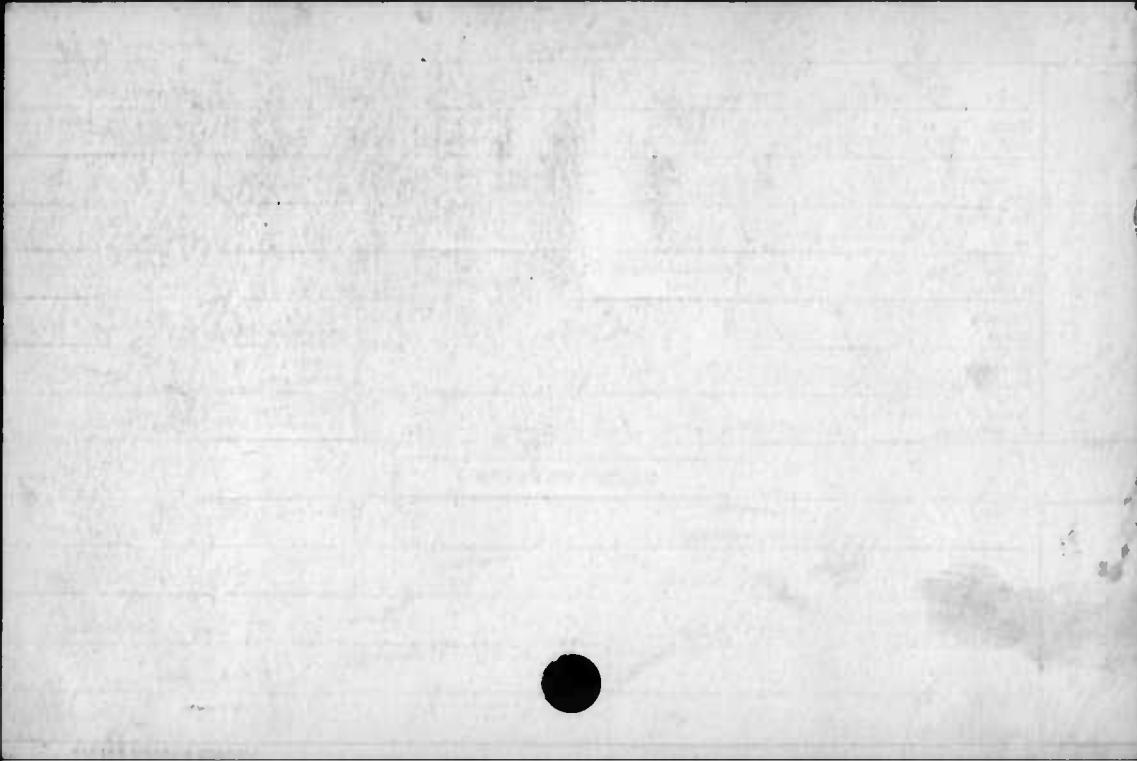
| | | | | | |
|---|--|---|--|---|--|
| Died at <u>Crisfield</u> ^{Town} | | <u>Somerset</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>7</u> ^{Month} <u>Oct</u> ^{Day} <u>24</u> | | Age <u>—</u> ^{Years} | | <u>7</u> ^{Months} <u>—</u> ^{Days} | |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birth-place <u>Crisfield Md</u> | |
| Occupation <u>None</u> | | Where Residing if not at place of death <u>Calvary Md</u> | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Maynard Tyler</u> | | | | Father's Birth-place <u>Crisfield Md</u> | |
| Mother's Maiden Name <u>Minnie Owens</u> | | | | Mother's Birth-place <u>Crisfield Md</u> | |
| Name of person giving information <u>Minnie Tyler</u> | | | | How related to deceased <u>Mother</u> | |

CAUSES OF DEATH

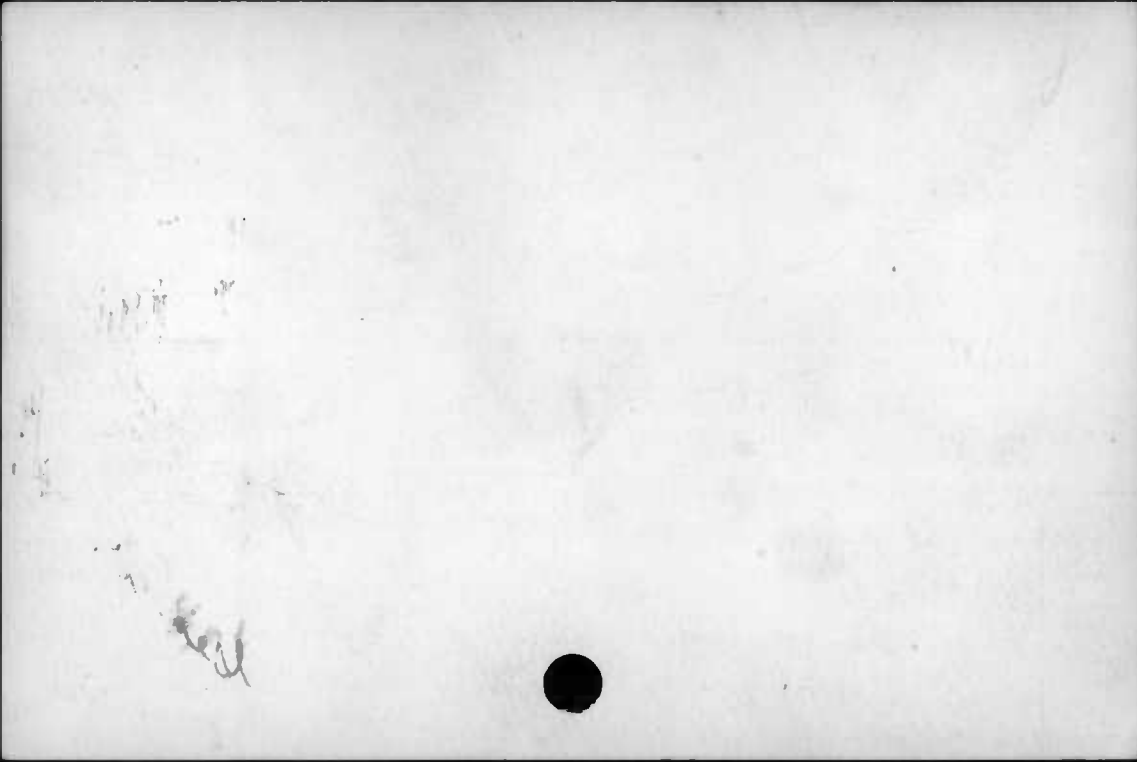
(105)

PHYSICIAN
OR CORONER

| | | |
|---|--|---|
| Primary <u>Acute Colitis</u> | | How long <u>3 or 4 wks</u> |
| Immediate <u>asthenia & dysentery</u> | | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>Wm H. Carlbourn</u> |
| | | Address <u>Crisfield, Md.</u> |
| Accident or Suicide? <u>—</u> | | |



| Name in Full | | Fannie Asm White | | | | CERTIFICATE OF DEATH | |
|---|---|--|--|---------------|-------------------------------|----------------------|----------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Shelton</i> | | Town | | County <i>Somerset</i> | | MARYLAND |
| | Date of death <i>1907</i> | Month <i>Oct</i> | Day <i>16</i> | Age <i>68</i> | Years <i>10</i> | Months <i>2</i> | Days |
| | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Accomac Va</i> | | |
| | Occupation <i>House work</i> | | Where Residing if not at place of death | | | | |
| | Married, Single or Widowed | | Name of Wife or Husband <i>George F. White</i> | | | | |
| | Father's Name <i>William S. Hope</i> | | Father's Birthplace <i>Accomac Va</i> | | | | |
| | Mother's Maiden Name <i>Jane Miles</i> | | Mother's Birthplace <i>Accomac Va</i> | | | | |
| Name of person giving information <i>Eugene Broughton</i> | | How related to deceased <i>No Relation</i> | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Rupture</i> | | How long <i>several years</i> | | | | |
| | Immediate <i>Twist in the Intestine</i> | | How long <i>3 or 4 days</i> | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Dr. L. H. B. Allen</i> | | | | |
| | | | Address <i>Marion Md</i> | | | | |
| | Accident or Suicide? | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

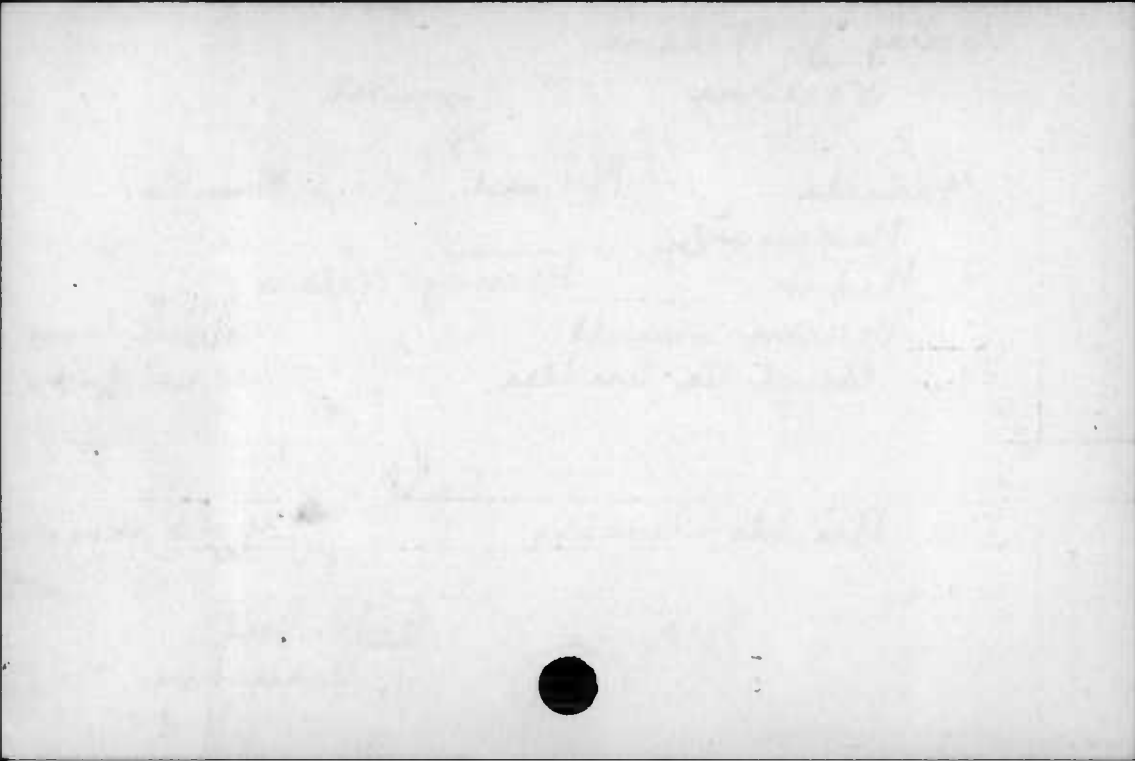
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|--------------------------------------|-----------------------------------|-----------------------------|
| Died at <u>Cowell</u> <small>Town</small> | | <u>Somerset</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1907 Oct.</u> <small>Month</small> | | <u>12</u> <small>Day</small> | Age <u>Born</u> <small>Years</small> | <u>dead</u> <small>Months</small> | <u></u> <small>Days</small> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Cowell, Md</u> | | | |
| Occupation <u></u> | | Where Residing if not at place of death <u></u> | | | |
| Married, Single or Widowed <u></u> | | Name of Wife or Husband <u></u> | | | |
| Father's Name <u>Burgaman Franklin Whitney</u> | | Father's Birthplace <u>Somerset Co. Md</u> | | | |
| Mother's Maiden Name <u>Ellen Tricia Currie</u> | | Mother's Birthplace <u>Somerset Co.</u> | | | |
| Name of person giving information <u>Burgaman F Whitney</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------------|--|---------|
| Primary | <u>Asphyxiated while being born</u> | How long | <u></u> |
| Immediate | | How long | <u></u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>A. H. Powers</u> | |
| | | Address <u>Cowell</u> | |
| | | <u>Md.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Mary J. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|--|--|--------------|--|-----------|----------|--------------|------|
| Died at | | Town Weston | | County Somerset | | MARYLAND | | |
| Date of death | | 1907 | Month Oct | Day 17 | Age 74 | Years | Months 10 | Days |
| Sex Female | | Color or Race Colored | | Birth- place Som. Co. | | | | |
| Occupation Nurse | | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Widow | | Name of Wife or Husband Henry Wilson | | | | | | |
| Father's Name Harry Small | | Father's Birthplace do not know | | | | | | |
| Mother's Maiden Name Charlotte Gudder | | Mother's Birthplace do not know | | | | | | |
| Name of person giving Information | | How related to deceased | | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | |
|---|------------------|---|
| Primary | Bright's Disease | How long 4 or 5 mos. |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician G. W. Gill |
| | | Address Mansfield |
| | | Mod |
| Accident or Suicide? | | |

